

Docket No.: 116638

## APPLICATION FOR UNITED STATES PATENT **DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:
My residence, post office address and citizenship are as stated below next to my name; that

described and cla	imed in the speci	fication:					
Check one	•						
*a. b.	☐ attached here: ☐ filed on July	eto. 18, 2003 as Application No and amended on (if applicable).					
1 11			d undamented the conte	nto of the above identified spec	ification, including the claims, as		
amended by any	amendment refer	ed to above.					
I ackn	owledge the duty Regulations, §1.5	to disclose to th	ose to the Office all information known to me to be material to patentability as defined in Title 37				
				following foreign application(s) one year prior to this application	and/or United States provisiona arc hereby claimed:		
French Patent Ap	pplication No. 020	09145 filed July	18, 2003				
States of Americ	ollowing application of the control	than one year j	prior to this application	te on this invention were filed in, or (b) before the filing date of	n countries foreign to the United the above-named foreign priority		
I here	by appoint the force transact all busi	ollowing as my	y attorneys of record vent Office:	with full power of substitution	and revocation to prosecute this		
application and t				am P. Berridge, Reg. No. 30,02	4;		
	K	irk M. Hudson	, Reg. No. 27,562; The	mas J. Pardini, Reg. No. 30,41	1;		
				obert A. Miller, Reg. No. 32,77 Stephen J. Roe, Reg. No. 34,46			
	Joel :	S. Armstrong,	Reg. No. 36,430; Chri	stopher W. Brown, Reg. No. 38	3,025;		
		Richard E. Richard	ce, Reg. No. 31,560; P. Eric D. Morehouse, I	aul Tsou, Reg. No. 37,956; and			
ALL CORRES PLC, P.O. BOX	PONDENCE IN ( 19928, ALEXA	CONNECTION NORIA, VIRO	ON WITH THIS APP GINIA 22320, TELEP	LICATION SHOULD BE SE HONE (703) 836-6400.	NT TO OLIFF & BERRIDGE		
own knowledge were made with	are true and that the knowledge the Title 18 of the U	all statements a hat willful false	made on information a statements and the like	nd belief are believed to be true e so made are punishable by fin-	t all statements made herein of m ; and further that these statement e or imprisonment, or both, unde e the validity of the application of		
Typewritten	Full Name						
of First or S	ole Inventor		Pascal	Middle Inital	BANRY		
**Inventor's	Signature:	(	Given Name	Vildale Initial	Family Name		
**Date of Signature:			corder	lo	500,5		
Residence:		Bourg St Christ	Month tophe	Day	Year France		
	France	City		State or Province	Country		
Citizenship:	Post Office Address:						
Citizenship:	Post Office A		201 Route de Beligneux, 01800 BOURG ST CHRISTOPHE, France				
Citizenship:	Post Office A (Insert comp mailing addr including co	ess,	1 Route de Bengneux,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

## JAN 1 5 2004 W

## PAGE 2 OF U.S.A. DECLARATION FORM (Discard this page in a sole inventor application)

of.	of Second Joint Inventor (if any)		Denis		GILLE
_	2 **Inventor's Signature:		Given Name	Middle Initial	Family Name
3			October	10	2003
	J		Month	The state of the s	Year
	Residence:	Oyon	ınax		France
		Cit	ty ·	State or Province	Country
	Citizenship:	France		1 01:0	
		Post Office Address: (Insert complete mailing address,	14, rue de l'indu 1 <del>3, rue des Voitur</del> ons,	where Olioo BELLIGHT OHIONONNAX, France	+1
		including country)			
1 Typewritten Full Name			<b></b>		COMME
of T	Third Joint Invento	or (if any)	Pierre Given Name	Middle Right	COTTET Family Name
2	**Inventor's Sig	omanire.	Given Name	Wilderman	ranny Name
3			October	7/10	2003
	Ü		Month	Day	Year
	Residence:	Lanten	ianv		France
		Cit		State or Province	Country
	Citizenship:	•	y	State of Frontier	Country
	Citizensinp.	France			
		Post Office Address: (Insert complete	Le village, 01430 LA	NTENAY, France	
		mailing address,	20 111250, 01 130 21 2		
		including country)		•	
1	Typewritten Fu	ıll Name			
of I	Fourth Joint Inven	tor (if any)	Philippe		GILOTTE
			Given Name	Middle Initial	Family Name
2 3	2 **Inventor's Signature: 3 **Date of Signature:		00/01-00	- <del>- 10</del> 10	2003
3	Date of Sign	ature:	OCI DECL Month	Day	Year
		_		Day .	
	Residence: Be		nces	State or Province	France
		Cit	у	State of Province	Country
	Citizenship:	France			
		Post Office Address:	O 01470 DENO	NCES France	
	(Insert complete		Onglas, 01470 BENONCES, France		
		mailing address, including country)			
	T				
i of i	Typewritten Fu Fifth Joint Inventor				
٠, ٠	.,		Given Name	Middle Initial	Family Name
2 **Inventor's Signature:		gnature:			
3	**Date of Signs	ature:			
			Month	Day	Year
	Residence:				
		Cit	у	State or Province	Country
	Citizenship:				
		Post Office Address:			
		(Insert complete			
		mailing address,			
		including country)			

Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.